



CITY OF RENTON

HUMAN RESOURCES & RISK MANAGEMENT

1055 South Grady Way Renton, WA 98057

425.430.7650 / JOBLINE- 425.430.7652

EQUAL OPPORTUNITY EMPLOYER

FOR HR & RM USE ONLY

Q ___ NQ ___

DATE STAMP

PLEASE FILL IN THE POSITION TITLE YOU ARE APPLY FOR AS SHOWN ON THE BULLETIN:

Last Name First Name Middle Name

Street Address City State Zip Home Phone/Message Phone

Cell Phone: Email Address: If you would like us to contact you by email, please provide your email address and check the appropriate box. Do you have a Social Security Card?

HIGH SCHOOL GRADUATE? GED? Do you possess or can you obtain a Washington State Driver's License? Can you provide Proof of Citizenship, Visa or Alien Registration # after employment?

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to persons who are at least 40 but less than 65 years of age.

Have you been convicted of a Felony within the last 10 years that would have a direct bearing on this position? If yes, please explain.

Note: The existence of a criminal record does not constitute an automatic bar to employment.

PER RCW 41.04.010 CERTAIN VETERANS ARE ELIGIBLE FOR VETERANS PREFERENCE IF YOU QUALIFY FOR THIS PREFERENCE, ATTACH PROOF OF VETERAN STATUS AND COMPLETE THE VETERANS SCORING STATUS FORM ON PAGE 5

Table with 4 columns: COLLEGES ATTENDED: NAME & LOCATION, CREDITS EARNED, MAJOR, TYPE OF DEGREE

Table with 4 columns: OTHER COURSES/TRAINING, NAME/LOCATION, LENGTH, CERTIFICATIONS

CHECK AREAS OF EXPERIENCE: Microsoft Windows, Microsoft Word, Microsoft Excel, Microsoft Access, Microsoft PowerPoint. Or any additional Software Programs: Special Skills/Professional Licenses:

MAY WE CONTACT THIS EMPLOYER? YES NO

From: To: Your Most Recent Employer's name and Address: Job Title: # of employees supervised: Hours per week: Supervisor's name and phone #: Last Salary: \$

Reason for leaving:

Duties:

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION HEREIN IS TRUE AND COMPLETE. I UNDERSTAND THAT PROVIDING FALSE INFORMATION IN THIS APPLICATION WILL BE GROUNDS FOR ELIMINATION FROM FURTHER CONSIDERATION OR IF EMPLOYED, FOR DISMISSAL AT ANYTIME. I AUTHORIZE PREVIOUS EMPLOYERS TO FURNISH THE CITY OF RENTON MY RECORD, REASON FOR LEAVING, AND ALL INFORMATION THEY MAY HAVE CONCERNING ME. I HEREBY RELEASE THEM AND THE CITY OF RENTON AND THEIR AGENTS FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER ARISING THEREFROM. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS IN THIS APPLICATION.

SIGNATURE: DATE: FORM DATE 01/07

MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		
From: (mo/yr)	Employer's name and Address:	Job Title:
To: (mo/yr)		# of employees supervised:
Supervisor's name and phone #:		Last Salary: \$
Reason for leaving:		
Duties:		

MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		
From: (mo/yr)	Employer's name and Address:	Job Title:
To: (mo/yr)		# of employees supervised:
Supervisor's name and phone #:		Last Salary: \$
Reason for leaving:		
Duties:		

MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		
From: (mo/yr)	Employer's name and Address:	Job Title:
To: (mo/yr)		# of employees supervised:
Supervisor's name and phone #:		Last Salary: \$
Reason for leaving:		
Duties:		

PROFESSIONAL REFERENCES

List those who are familiar with your work experience (other than those listed above in your employment history).

1.	Name	Current Phone Number
	Title	Organization/Business
2.	Name	Current Phone Number
	Title	Organization/Business
3.	Name	Current Phone Number
	Title	Organization/Business



RENTON CIVIL SERVICE COMMISSION AND HUMAN RESOURCES

VETERANS' SCORING CRITERIA STATUS IN EXAMINATIONS (RCW 41.04.010)

TO CLAIM VETERAN'S PREFERENCE POINTS, PLEASE COMPLETE AND SIGN THIS FORM

POSITION APPLIED FOR:					
NAME:	LAST:		FIRST:		M.I.

VETERAN'S STATUS:					
<p>In accordance with State law RCW 41.04.010, certain veterans are eligible to receive a scoring criteria status. A scoring criteria status is the addition of a certain percentage to the "passing mark, grade or rating" received in a competitive examination by a veteran.</p>					
Date of military discharge:		Month:		Day:	Year:
1.	<p>To receive veteran's status, discharge must have been within the last 15 years unless an extension has been granted for "valid and extenuating reasons". If claiming veteran's status, <u>you must attach a copy of page four of form DD 214 and complete all questions below</u> by checking the appropriate boxes and including required information where applicable. Remember to sign and date the completed form.</p>				
2.	Do you wish to claim veteran's status for this examination?			YES	<input type="checkbox"/>
				NO	<input type="checkbox"/>
3.	Serving Status:	Regular Military:	<input type="checkbox"/>	Armed Forces Reserve:	<input type="checkbox"/>
				National Guard:	<input type="checkbox"/>
4.	Type of Discharge:	Honorable:	<input type="checkbox"/>	Medical:	<input type="checkbox"/>
				Other than Honorable:	<input type="checkbox"/>
5.	<p>Type of military service and retirement status:</p> <p>Have you served on active military duty during a period of war, or received the expeditionary medal for opposed action on foreign soil as a member in the armed forces (any branch) of the United States (RCW 41.04.005).</p>				
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If "yes" please identify the war(s) or medal(s) below:
	WAR(S)			MEDAL(S)	
6.	<p>Have you served on active duty during an "armed conflict" and been awarded the respective campaign badge or medal? (Armed conflicts include: Crisis in Lebanon; the invasion of Grenada; Panama, Operation Just Cause; Somalia, Operation Restore Hope; Haiti, Operation Uphold Democracy; and Bosnia, Operation Joint Endeavor; Desert Shield/Desert Storm; Operation Noble Eagle; southern or central Asia, Operation Enduring Freedom; and Persian Gulf, Operation Iraqi Freedom.)</p>				
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If "yes" please identify the armed conflict (s) or medal(s) below:
	CONFLICT			MEDAL(S)	
7.	I am a veteran who did not serve during a period of war.			YES	<input type="checkbox"/>
				NO	<input type="checkbox"/>
8.	Are you receiving military retirement?			YES	<input type="checkbox"/>
				NO	<input type="checkbox"/>
9.	Have you ever obtained an appointment to a position with the State of Washington or any political subdivision or municipal corporation where your veteran's preference points were used?				
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	

SIGNATURE:	DATE:
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IMPORTANT INFORMATION FOR CITY OF RENTON JOB CANDIDATES

RCW 41.04.010 Veterans' scoring criteria status in examinations

In all competitive examinations, unless otherwise provided in this section, to determine the qualifications of applicants for public offices, positions or employment, the state, and all of its political subdivisions and all municipal corporations, shall give a scoring criteria status to all veterans as defined in RCW [41.04.007](#), by adding to the passing mark, grade or rating only, based upon a possible rating of one hundred points as perfect a percentage in accordance with the following:

(1) Ten percent to a veteran who served during a period of war or in an armed conflict as defined in RCW [41.04.005](#) and does not receive military retirement. The percentage shall be added to the passing mark, grade, or rating of competitive examinations until the veteran's first appointment. The percentage shall not be utilized in promotional examinations;

(2) Five percent to a veteran who did not serve during a period of war or in an armed conflict as defined in RCW [41.04.005](#) or is receiving military retirement. The percentage shall be added to the passing mark, grade, or rating of competitive examinations **until the veteran's first appointment**. The percentage shall not be utilized in promotional examinations;

(3) Five percent to a veteran who was called to active military service for one or more years from employment with the state or any of its political subdivisions or municipal corporations. The percentage shall be added to the **first promotional examination only**;

(4) All veterans' scoring criteria may be claimed upon release from active military service.

[2003 c 45 § 1; 2002 c 292 § 4; 2000 c 140 § 1; 1974 ex.s. c 170 § 1; 1969 ex.s. c 269 § 2; 1953 ex.s. c 9 § 1; 1949 c 134 § 1; 1947 c 119 § 1; 1945 c 189 § 1; Rem. Supp. 1949 § 9963-5.]

NOTES:

Veterans and veterans' affairs: Title [73](#) RCW.

PARKS & RECREATION

PLEASE FILL OUT IF APPLYING FOR A POSITION WITHIN THE PARKS AND RECREATION DEPARTMENTS.

LIST TOTAL HOURS WORKED IN THE FOLLOWING AREAS (2080 HOURS REPRESENTS ONE YEAR FULL-TIME). PLEASE INCLUDE A BRIEF DESCRIPTION OF YOUR EXPERIENCE IN THE SPACE PROVIDED. PLEASE INDICATE P = PART-TIME F = FULL-TIME.

ACTIVITY	# OF HOURS	PART/FULL	PAID	VOLUNTEER
ATHLETIC LEAGUE ADMINISTRATION (COACHING LEAGUE SET-UPS, SCHEDULING, OFFICIATING)				
COMMUNITY RECREATION CENTER WORK				
CULTURAL ARTS CLASSES				
SPECIAL POPULATIONS EXPERIENCE (DEV DISABLED, SENIOR CITIZENS)				
SUPERVISION OF OTHERS/FACE-TO-FACE LEADERSHIP				
CRAFTS				
AQUATICS				
MUSIC & DANCE/DRAMATICS				
CHILDREN'S GAMES				

OTHER ACTIVITIES/CERTIFICATIONS (SPECIAL EVENTS, PUBLICITY (WRITTEN OR ORAL), OUTDOOR RECREATION EXPERIENCE, SOCIAL RECREATION:

APPLICANT NAME: _____ POSITION APPLIED FOR: _____

HOW DID YOU LEARN ABOUT THIS POSITION?

Friend	<input type="checkbox"/>	Seattle Times	<input type="checkbox"/>	Work Source Website	<input type="checkbox"/>
Jobline	<input type="checkbox"/>	Oregonian	<input type="checkbox"/>	AWC Website	<input type="checkbox"/>
Public Access	<input type="checkbox"/>	Tacoma News Tribune	<input type="checkbox"/>	City Website	<input type="checkbox"/>
Other Resource	<input type="checkbox"/>	Other Newspaper	<input type="checkbox"/>	Government Jobs.com	<input type="checkbox"/>
				Other Website	<input type="checkbox"/>

AFFIRMATIVE ACTION QUESTIONNAIRE

DISCRIMINATION IN EMPLOYMENT IS PROHIBITED UNDER TITLE VII OF THE CIVIL RIGHTS ACT OF 1974 AND SECTION 504 OF THE REHABILITATION ACT OF 1973. WE WOULD APPRECIATE YOUR ASSISTANCE IN GATHERING THE INFORMATION BELOW. COMPLETING THIS QUESTIONNAIRE IS ENTIRELY VOLUNTARY. THIS SECTION WILL BE KEPT SEPARATE FROM THE APPLICATION AND THE INFORMATION YOU PROVIDE WILL REMAIN CONFIDENTIAL.

PLEASE CHECK (X) THE GROUP WITH WHICH YOU IDENTIFY:

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>				
White	<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>		
Asian	<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>	Two or More Races	<input type="checkbox"/>	Hispanic or Latino	<input type="checkbox"/>

SPECIAL NOTICE TO INDIVIDUALS WITH DISABILITIES: IF YOU ARE A PERSON WITH A DISABILITY, YOU ARE INVITED TO VOLUNTEER INFORMATION CONCERNING ANY PERSONAL, PHYSICAL OR MENTAL DISABILITY. THE PURPOSE IS TO PROVIDE INFORMATION CONCERNING PROPER PLACEMENT AND APPROPRIATE ACCOMMODATIONS TO ENABLE YOU TO SAFELY AND EFFECTIVELY PERFORM THE JOB FOR WHICH YOU ARE APPLYING. THIS INFORMATION WILL BE KEPT CONFIDENTIAL. FAILURE TO SUPPLY THIS INFORMATION **WILL NOT** JEOPARDIZE OR ADVERSELY AFFECT ANY CONSIDERATION YOU MAY RECEIVE FOR EMPLOYMENT OR LATER ADVANCEMENT IN EMPLOYMENT. IF YOU DESIRE, PLEASE STATE BELOW ANY PERSONAL DISABILITY AND YOUR SUGGESTIONS FOR ACCOMMODATIONS.